THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

AUG 3 1994

The Honorable Albert Gore, Jr.
President of the Senate
Washington, D.C. 20510

Dear Mr. President:

I am pleased to submit this letter and the enclosed tables as our report to you under section 1848(g)(6) of the Social Security Act (the Act), as added by the Omnibus Budget Reconciliation Act of 1989. That section requires me to report annually on participation, assignment, and extra billing in the Medicare program. This is the third annual report submitted pursuant to that statutory provision.

Pursuant to our monitoring responsibility under the Act, we reviewed data to determine whether, in 1993, financial liability increased for Medicare beneficiaries when they used services paid for under the Medicare physician fee schedule. We are pleased to report that in 1993 Medicare beneficiaries generally experienced a substantial reduction in their overall financial liability.

Since 1984, the Medicare program has had a participation program under which physicians and suppliers are invited, on an annual basis, to sign a Medicare participation agreement. Those agreements require a participant to accept assignment--i.e., to accept the Medicare allowance amount as payment in full--for services rendered to all Medicare beneficiaries. One major advantage of participation is that participants have Medicare allowance amounts that are 5 percent higher than the allowance amounts for nonparticipants. Physicians and suppliers who choose not to participate are free to accept or not to accept assignment on a case-by-case basis.

From 1992 to 1993, the percent of Medicare allowed charges billed on an assignment-related basis--by both participants and nonparticipants--increased from 86.5 percent to 91.1 percent. This meant that the percent of unassigned charges decreased from 13.5 to 8.9, a decrease of 34.1 percent. (See table 1.) This national pattern of increasing assignment rates is mirrored in virtually every State (table 1), in every specialty (table 2), and in every type of service (table 3). Of course, in States where assignment rates were already close to 100 percent--sometimes because of State mandatory assignment provisions--the assignment rate increases were minuscule. See, for example, in

table 1, Massachusetts, Nevada, Pennsylvania, Rhode Island, Puerto Rico, and the Virgin Islands.

In addition to there having been an increase in the overall assignment rate attributable to both participating and nonparticipating physicians, in 1993, we also saw a substantial increase (10.7 percent) in the proportion of allowed charges billed by participants, i.e., by the providers who must always bill on an assignment-related basis. In 1993, participating physicians and suppliers billed 83 percent of total allowed charges--up from 75 percent in 1992. This meant that, in 1993, only 17 percent of Medicare allowed charges were billed by nonparticipants. In every State, in almost every specialty, and in every type of service category, we found this same trend, i.e., an increase in the proportion of allowed charges billed by participating providers and parallel decreases in the proportion of allowed charges (both assigned and unassigned) billed by nonparticipants. See tables 4, 5, and 6.

This trend of participants having an increasing share of the Medicare market is consistent with the fact that the numbers of participants continues to rise. During 1993, almost 60 percent of physicians and practitioners were signed-on as Medicare participants. That number represented about a 14 percent increase over the 1992 participation rate. After the most recent enrollment, for the participation period which began on January 1, 1994, 64.8 percent of physicians and other practitioners were participants. This 1994 increase in participation occurred in every specialty and in almost every State. See tables 7 and 8.

Another measure of the financial exposure being experienced by Medicare beneficiaries is the extra billing rate for unassigned allowed charges billed by nonparticipants. The extra billing rate is the ratio of extra billing to total unassigned allowed charges, with extra billing defined as the difference between the submitted charge and the allowed charge on unassigned claims. While it is important to recognize that the above figures reflect that more and more Medicare services are being billed on an assignment-related basis and by participants, it is critical for us to examine the amount of exposure there is for beneficiaries when assignment is not being accepted and charges are being imposed above the allowed charge level. That is what a review of extra billing rates will tell us.

From 1992 to 1993, extra billing rates decreased by 26.8 percent. The rate dropped from 22.8 percent in 1992 to 16.7 percent in 1993. We saw this reduction in every State, in all physician specialties except one, and in all type of service categories except one. We found that, in 1993, for the anesthesia type of

service category and for anesthesiologists as a specialty, extra billing rates on unassigned claims increased. See tables 9, 10, and 11. In our judgment, the 1993 extra billing rate of 16.7 percent reflects substantial compliance with the Medicare provision known as the "limiting charge." The 1993 limiting charge capped the charges of nonparticipating physicians at 115 percent of the Medicare fee schedule amount. (Effective January 1, 1994, the limiting charge applies to all services furnished by suppliers and practitioners covered under the physician fee schedule.) Our administrative data do not tell us how much of any difference between submitted and allowed charges are actually paid. Also, some charges that were actually paid may have been refunded by physicians subsequent to Medicare carrier monitoring and notices.

We are concerned that, while the data indicate good compliance with the limiting charge provision, there are several specialties (e.g., anesthesiology) and geographic areas (e.g., New York, Hawaii, and Alaska) which indicate that increased efforts are needed to assure that beneficiaries receive the full financial protections intended by the law. While all unassigned claims are currently monitored for compliance with the limiting charge provision, we will initiate a special analysis to identify why problems still remain in these specialties and geographic areas and will take whatever further actions are required to ensure limiting charge compliance.

We have also enclosed table 12, which examines national summary data by age, race and sex. You will observe, in that table, that, between 1992 and 1993, the Medicare assignment rate increased for males and females, for all race categories and for all age categories. Males and females continue to have roughly the same assignment rate, while among the race categories, Medicare beneficiaries who are black have the highest assignment rate at 97.8 percent. Data in table 12 also indicate that the extra billing rate went down for all categories of beneficiaries in 1993.

We believe that these findings are very positive and are pleased to report them to Congress. I am also sending a copy of this report to the Speaker of the House of Representatives.

Sincerely,

Donna E. Shalala

Enclosures

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

AUG 3 1994

The Honorable Thomas S. Foley
Speaker of the House of Representatives
Washington, D.C. 20515

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table 1, Massachusetts, Nevada, Pennsylvania, Rhode Island, Puerto Rico, and the Virgin Islands.

In addition to there having been an increase in the overall assignment rate attributable to both participating and nonparticipating physicians, in 1993, we also saw a substantial increase (10.7 percent) in the proportion of allowed charges billed by participants, i.e., by the providers who must always bill on an assignment-related basis. In 1993, participating physicians and suppliers billed 83 percent of total allowed charges--up from 75 percent in 1992. This meant that, in 1993, only 17 percent of Medicare allowed charges were billed by nonparticipants. In every State, in almost every specialty, and in every type of service category, we found this same trend, i.e., an increase in the proportion of allowed charges billed by participating providers and parallel decreases in the proportion of allowed charges (both assigned and unassigned) billed by nonparticipants. See tables 4, 5, and 6.

This trend of participants having an increasing share of the Medicare market is consistent with the fact that the numbers of participants continues to rise. During 1993, almost 60 percent of physicians and practitioners were signed-on as Medicare participants. That number represented about a 14 percent increase over the 1992 participation rate. After the most recent enrollment, for the participation period which began on January 1, 1994, 64.8 percent of physicians and other practitioners were participants. This 1994 increase in participation occurred in every specialty and in almost every State. See tables 7 and 8.

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We are concerned that, while the data indicate good compliance with the limiting charge provision, there are several specialties (e.g., anesthesiology) and geographic areas (e.g., New York, Hawaii, and Alaska) which indicate that increased efforts are needed to assure that beneficiaries receive the full financial protections intended by the law. While all unassigned claims are currently monitored for compliance with the limiting charge provision, we will initiate a special analysis to identify why problems still remain in these specialties and geographic areas and will take whatever further actions are required to ensure limiting charge compliance.

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We believe that these findings are very positive and are pleased to report them to Congress. I am also sending a copy of this report to the President of the Senate.

Sincerely,

Donna E. Shalala

Enclosures

TABLE 1

Assigned and Unassigned Allowed Charges as Percent of Total Allowed Charges, By State

STATE	Assigned [1]			Unassigned		
	Percent of Total Allowed Charges		Percent Change	Percent of Total Allowed Charges		Percent Change
	1992	1993	1992-1993	1992	1993	1992-1993
Alabama	95.2 %	97.2 %	2.1 %	4.9 %	2.8 %	-42.9 %
Alaska	88.9	91.3	2.7	11.1	8.7	-21.6
Arizona	81.2	86.9	7.0	18.8	13.2	-29.8
Arkansas	93.4	95.8	2.6	6.6	4.3	-34.8
California	87.4	92.1	5.4	12.6	7.9	-37.3
Colorado	75.3	83.9	11.4	24.7	16.0	-35.2
Connecticut	89.2	92.5	3.7	10.8	7.5	-30.6
Delaware	92.9	94.8	1.8	7.2	5.4	-25.0
District of Columbia	88.6	90.8	2.5	11.4	9.1	-20.2
Florida	89.0	93.8	5.4	11.0	6.2	-43.6
Georgia	87.7	92.0	4.9	12.3	8.0	-35.0
Hawaii	91.4	94.5	3.4	8.6	5.5	-36.0
Idaho	37.3	50.2	34.6	62.7	49.8	-20.6
Illinois	79.0	87.2	10.4	21.0	12.8	-39.0
Indiana	84.5	90.3	6.9	15.5	9.7	-37.4
Iowa	72.6	81.0	11.8	27.4	19.0	-30.7
Kansas	92.7	94.8	2.3	7.3	5.3	-27.4
Kentucky	89.7	94.2	5.0	10.3	5.8	-43.7
Louisiana	91.7	94.3	2.8	8.3	5.7	-31.3
Maine	95.4	96.7	1.4	4.6	3.3	-28.3
Maryland	93.2	94.7	1.6	6.8	5.3	-22.1
Massachusetts	99.4	99.5	0.1	0.6	0.5	-16.7
Michigan	95.0	97.3	2.4	5.0	2.8	-44.0
Minnesota	46.4	55.7	20.0	53.6	44.3	-17.4
Mississippi	90.9	93.9	3.3	9.1	6.0	-34.1
Missouri	81.3	89.2	9.7	18.7	10.8	-42.2
Montana	58.1	69.9	20.3	41.9	30.1	-28.2
Nebraska	70.5	79.6	12.9	29.5	20.4	-30.8
Nevada	98.2	98.5	0.3	1.8	1.5	-16.7
New Hampshire	85.4	91.4	7.0	14.7	8.6	-41.5
New Jersey	75.7	81.8	8.1	24.3	18.2	-25.1
New Mexico	83.9	89.8	6.8	16.1	10.4	-35.4
New York	84.3	87.4	3.7	15.7	12.8	-19.7
North Carolina	87.0	90.4	3.9	13.0	9.6	-26.2
North Dakota	63.2	64.2	1.6	36.8	35.8	-2.7
Ohio	90.6	98.7	8.9	9.4	1.3	-86.2
Oklahoma	73.5	82.8	12.4	26.5	17.4	-34.3
Oregon	65.4	77.8	19.0	34.6	22.2	-35.8
Pennsylvania	98.8	99.1	0.3	1.2	0.9	-25.0
Rhode Island	99.5	99.7	0.2	0.5	0.4	-20.0
South Carolina	88.1	91.8	4.2	11.9	8.2	-31.1
South Dakota	35.1	41.3	17.7	64.9	58.7	-9.6
Tennessee	92.4	94.9	2.7	7.6	5.1	-32.9
Texas	84.2	89.0	5.7	15.8	11.0	-30.4
Utah	85.4	91.8	7.3	14.7	8.3	-43.5
Vermont	96.9	97.9	1.0	3.1	2.1	-32.3
Virginia	89.5	93.9	4.9	10.5	6.1	-41.9
Washington	68.3	78.3	14.8	31.7	21.8	-31.2
West Virginia	96.2	97.7	1.8	3.8	2.3*	-39.5
Wisconsin	73.8	84.3	14.2	26.2	15.8	-40.5
Wyoming	54.0	65.7	21.7	46.0	34.4	-25.2
Puerto Rico/Virgin Is.	98.8	99.0	0.2	1.2	1.0	-16.7
Total [2]	86.5	91.1	5.3	13.5	8.9	-34.1

[1] Based on allowed charges of participating and nonparticipating physicians/practitioners.

[2] Includes allowed charge data for physicians' services for Railroad Retirement Board claims.

Based on summary data from the 1993 National Claims History for physicians' services incurred and processed from January through December 1993.

SOURCE: Bureau of Data Management and Strategy

TABLE 2

Assigned and Unassigned Allowed Charges as Percent of Total Allowed Charges, By Specialty

Specialty	Assigned [1]			Unassigned		
	Percent of Total Allowed Charges		Percent Change	Percent of Total Allowed Charges		Percent Change
	1992	1993	1992-1993	1992	1993	1992-1993
All Specialties [2]	86.5 %	91.1 %	**5.3 %**	13.5 %	8.9 %	**-34.1 %**
Physicians (MDs and DOs)	86.5	91.2	**5.4**	13.6	8.8	**-35.3**
Family Practice	79.7	85.5	**7.3**	20.3	14.5	**-28.6**
General Practice	86.2	90.4	**4.9**	13.8	9.6	**-30.4**
Cardiology	90.0	94.0	**4.4**	10.0	6.0	**-40.0**
Dermatology	83.8	87.9	**4.9**	16.2	12.1	**-25.3**
Internal Medicine	81.3	86.7	**6.6**	18.7	13.3	**-28.9**
Gastroenterology	89.8	93.2	**3.8**	10.2	6.8	**-33.3**
Nephrology	95.2	96.6	**1.5**	4.8	3.4	**-29.2**
Neurology	87.3	91.7	**5.0**	12.7	8.3	**-34.6**
Obstetrics-Gynecology	81.6	86.8	**6.1**	18.4	13.4	**-27.2**
Psychiatry	90.6	92.1	**1.7**	9.4	7.9	**-16.0**
Pulmonary	90.2	94.3	**4.5**	9.8	5.7	**-41.8**
Urology	80.7	88.1	**9.2**	19.3	11.9	**-38.3**
Anesthesiology	79.9	89.5	**12.0**	20.2	10.5	**-48.0**
Pathology	91.1	94.5	**3.7**	8.9	5.5	**-38.2**
Radiology [3]	90.2	94.6	**4.9**	9.8	5.4	**-44.9**
General Surgery	89.3	94.0	**5.3**	10.8	6.0	**-44.4**
Neurosurgery	84.6	91.4	**8.0**	15.3	8.8	**-43.8**
Ophthalmology	89.6	92.8	**3.6**	10.4	7.2	**-30.8**
Orthopedic Surgery	84.1	91.6	**8.9**	15.9	8.4	**-47.2**
Otolaryngology	82.1	87.7	**6.8**	18.0	12.3	**-31.7**
Plastic Surgery	89.0	93.4	**4.9**	11.0	6.6	**-40.0**
Thoracic Surgery	89.8	93.7	**4.3**	10.1	6.3	**-37.6**
Clinic or Other Group Practice	88.7	94.0	**6.0**	11.2	6.0	**-46.4**
All Other Physicians	90.1	92.6	**2.8**	9.9	7.4	**-25.3**
Limited License Practitioners (LLPs	83.9	86.1	**2.6**	16.2	13.9	**-14.2**
Optometry	90.0	91.4	**1.6**	10.0	8.6	**-14.0**
Chiropractic	55.2	57.5	**4.2**	44.8	42.5	**-5.1**
Podiatry	91.2	93.4	**2.4**	8.7	6.6	**-24.1**
Oral Surgery	69.3	77.1	**11.3**	30.7	22.9	**-25.4**
Total Physicians (MDs, DOs and LL	86.4	91.0	**5.3**	13.8	9.0	**-33.8**
Nonphysician Practitioners [4]	83.8	87.0	**3.8**	16.2	13.0	**-19.6**
Suppliers	97.3	97.9	**0.6**	2.7	2.1	**-22.2**
Portable X-Ray Supplier (Independent)	99.1	99.3	**0.2**	0.9	0.7	**-22.2**
Independent Laboratory	96.1	95.7	**-0.4**	3.9	4.3	**10.3**
All Other Suppliers	97.3	98.6	**1.3**	2.7	1.4	**-46.1**

[1] Based on assigned allowed charges of participating and nonparticipating physicians.

[2] Includes physicians (doctors of medicine (MDs), doctors of osteopathy (DOs), and limited license practitioners) (LLPs)- (optometrists, chiropractors, podiatrists and oral surgeons). Also includes nonphysician practitioners and suppliers.

[3] Includes radiation therapy and nuclear medicine specialties.

[4] Includes audiologists, physical therapists, occupational therapists, and psychologists (billing HCPCS 90830). Excludes certified nurse-midwives, certified registered nurse anesthetists, nurse practitioners and clinical social workers.

Based on summary data from the 1993 National Claims History for physicians' services incurred and processed from January through December 1993.

SOURCE: Bureau of Data Management and Strategy

TABLE 3

Assigned and Unassigned Allowed Charges as Percent of Total Allowed Charges, By Type of Service

Type of Service [2]	Assigned [1]			Unassigned		
	1992 Percent of Total Allowed Charges	1993 Percent of Total Allowed Charges	Percent Change 1992 - 1993	1992 Percent of Total Allowed Charges	1993 Percent of Total Allowed Charges	Percent Change 1992 - 1993
Anesthesia	80.2 %	89.7 %	11.8 %	19.8 %	10.4 %	-47.5 %
Standard Imaging	87.5	92.6	5.8	12.5	7.5	-40.0
Advanced Imaging	90.3	94.3	4.4	9.6	5.7	-40.6
Echography	92.0	95.2	3.5	7.9	4.8	-39.2
Imaging/Procedure	91.1	95.4	4.7	8.9	4.6	-48.3
Office Visits	77.3	83.3	7.8	22.7	16.6	-26.9
Hospital Visits	89.2	93.1	4.4	10.8	6.9	-36.1
Emergency Department Care	97.7	98.9	1.2	2.3	1.1	-52.2
Home/Nursing Home Visits	92.4	94.8	2.6	7.6	5.2	-31.6
Specialist Visits	88.7	91.6	3.3	11.3	8.4	-25.7
Consultations	88.2	92.5	4.9	11.8	7.5	-36.4
Major Procedures General	84.7	91.2	7.7	15.3	8.8	-42.5
Major Cardiovascular Procedures	90.3	94.6	4.8	9.7	5.4	-44.3
Major Orthopedic Procedures	84.1	91.5	8.8	15.9	8.5	-46.5
Eye Procedures - Surgery	91.2	94.0	3.1	8.9	6.0	-32.6
Ambulatory Procedures	86.7	91.6	5.7	13.3	8.4	-36.8
Minor Procedures	86.8	90.8	4.6	13.5	9.5	-29.6
Oncology	89.9	94.3	4.9	10.1	5.6	-44.6
Endoscopy	86.1	91.3	6.0	13.9	8.7	-37.4
Dialysis	98.4	98.9	0.5	1.6	1.1	-31.3
Lab Tests	94.4	96.9	2.6	5.7	3.1	-45.6
Other Tests	87.6	91.4	4.3	12.5	8.7	-30.4
Assistant at Surgery	86.6	92.7	7.0	13.5	7.4	-45.2
Chiropractic	55.4	57.5	3.8	44.7	42.5	-4.9
Total [3]	86.5	91.1	5.3	13.5	8.9	-34.1

[1] Based on allowed charges for assigned services of participating and nonparticipating physicians/practitioners.

[2] All types of service except 'assistant at surgery' are based on procedure code groupings developed by the Urban Institute. Type of service 'assistant at surgery' based on HCFA type of service code.

[3] Includes data for not otherwise classified CPT and HCFA assigned codes.

Based on summary data from the 1993 National Claims History for physicians' services incurred and processed from January through December 1993.

SOURCE: Bureau of Data Management and Strategy

TABLE 4

Percent of Assigned Allowed Charges for Participating Versus Nonparticipating Physicians and Percent of Unassigned Allowed Charges, By State

State	Participating Physicians/Practitioners			Nonparticipating Physicians/Practitioners					
	Percent of Total Allowed Charges		Percent Change	Assigned		Percent Change	Unassigned		Percent Change
	1992	1993	1992-1993	1992	1993	1992-1993	1992	1993	1992-1993
Alabama	89.8 %	93.9 %	4.6 %	5.4 %	3.3 %	-38.9 %	4.9 %	2.8 %	-42.9 %
Alaska	87.3	73.4	9.1	21.6	17.8	-17.1	11.1	6.7	-21.8
Arizona	73.3	82.5	12.6	7.8	4.4	-44.3	16.8	13.2	-29.8
Arkansas	67.2	91.3	4.7	6.2	4.5	-27.4	8.8	4.3	-34.8
California	75.1	83.5	11.2	12.3	8.8	-30.1	12.8	7.9	-37.3
Colorado	56.8	71.4	26.1	16.7	12.5	-33.2	24.7	16.0	-35.2
Connecticut	77.6	84.5	8.8	11.6	8.0	-31.0	10.8	7.5	-30.8
Delaware	84.5	89.0	5.3	8.4	5.6	-33.3	7.2	5.4	-25.0
District of Columbia	82.1	85.9	4.6	6.6	4.9	-25.6	11.4	9.1	-20.2
Florida	77.5	86.1	11.1	11.5	7.7	-33.0	11.0	6.2	-43.6
Georgia	76.9	84.2	9.5	10.8	7.8	-27.8	12.3	8.0	-35.0
Hawaii	53.6	89.3	6.6	7.7	5.2	-32.5	6.8	5.5	-36.0
Idaho	21.6	36.9	89.3	15.4	13.3	-13.6	92.7	49.6	-20.6
Illinois	86.7	78.9	16.3	12.2	8.3	-32.0	21.0	12.6	-39.0
Indiana	76.7	85.0	10.6	7.9	5.3	-32.9	15.5	9.7	-37.4
Iowa	84.2	75.0	16.8	8.3	6.0	-27.7	27.4	19.0	-30.7
Kansas	88.8	92.6	3.3	2.9	2.0	-31.0	7.3	5.3	-27.4
Kentucky	80.2	88.1	9.9	9.4	6.1	-35.1	10.3	5.8	-43.7
Louisiana	83.3	86.9	4.3	8.5	7.4	-12.9	8.3	5.7	-31.3
Maine	84.5	90.8	7.5	10.9	5.9	-45.9	4.6	3.3	-28.3
Maryland	81.0	87.9	8.5	12.2	6.8	-44.3	8.6	5.3	-22.1
Massachusetts	92.6	95.6	3.2	6.9	3.9	-43.5	0.6	0.6	0.0
Michigan	90.4	94.4	4.4	4.5	2.9	-35.6	5.0	2.8	-44.0
Minnesota	30.1	41.9	39.2	16.3	13.8	-15.3	53.6	44.3	-17.4
Mississippi	80.3	86.0	7.1	10.7	7.9	-26.2	9.1	6.0	-34.1
Missouri	63.1	80.0	26.8	18.2	9.2	-49.5	18.7	10.8	-42.2
Montana	38.8	57.1	43.5	16.3	12.8	-30.1	41.9	30.1	-28.2
Nebraska	83.2	74.8	16.4	7.4	4.8	-35.1	29.5	20.4	-30.8
Nevada	94.8	96.8	1.3	3.8	2.7	-25.0	1.8	1.5	-16.7
New Hampshire	72.8	84.3	18.1	12.7	7.1	-44.1	14.7	8.6	-41.5
New Jersey	57.2	86.4	16.1	18.5	15.4	-16.8	24.3	16.2	-25.1
New Mexico	88.5	78.3	14.3	15.5	11.3	-27.1	16.1	10.4	-35.4
New York	88.7	72.7	9.0	17.6	14.7	-16.5	15.7	12.6	-19.7
North Carolina	78.8	82.4	7.3	10.2	8.0	-21.6	13.0	9.6	-26.2
North Dakota	53.7	54.6	1.7	9.6	9.6	0.0	38.6	35.6	-2.7
Ohio	82.6	94.7	14.6	8.0	4.0	-50.0	9.4	1.3	-86.2
Oklahoma	58.2	72.6	24.7	15.3	10.0	-34.6	26.5	17.4	-34.3
Oregon	50.1	65.7	31.1	15.4	12.1	-21.4	34.6	22.2	-35.8
Pennsylvania	95.6	97.4	1.7	3.0	1.7	-43.3	1.2	0.9	-25.0
Rhode Island	98.0	96.4	0.4	1.8	1.3	-16.7	0.5	0.4	-20.0
South Carolina	75.1	83.1	10.7	13.1	8.7	-33.6	11.9	8.2	-31.1
South Dakota	21.8	29.9	36.4	13.5	11.4	-15.6	54.9	56.7	-9.6
Tennessee	85.0	89.9	5.8	7.4	5.0	-32.4	7.6	5.1	-32.9
Texas	70.1	78.8	12.1	14.1	10.4	-26.2	15.6	11.0	-30.4
Utah	78.7	88.6	10.0	6.6	5.0	-24.2	14.7	8.3	-43.5
Vermont	90.7	93.7	3.3	6.2	4.2	-32.3	3.1	2.1	-32.3
Virginia	79.5	88.0	10.7	10.0	5.9	-41.0	10.5	6.1	-41.9
Washington	54.1	89.0	27.5	14.2	9.3	-34.5	31.7	21.6	-31.2
West Virginia	88.6	93.5	5.5	7.6	4.2	-44.7	3.8	2.3	-39.5
Wisconsin	58.4	74.7	32.4	17.4	9.6	-44.8	26.2	15.6	-40.5
Wyoming	36.6	55.7	39.9	14.3	10.0	-30.1	46.0	34.4	-25.2
Puerto Rico/ Virgin Islands	92.4	93.0	0.8	6.5	6.0	-7.7	1.2	1.0	-16.7
Total [1]	75.0	83.0	10.7	11.5	8.1	-29.6	13.5	6.9	-34.1

[1] Includes allowed charge data for physicians' services for Railroad Retirement Board claims.

Based on summary data from the 1993 National Claims History for physicians' services incurred and processed from January through December 1993.

SOURCE: Bureau of Data Management and Strategy

TABLE 5

Percent of Assigned Allowed Charges for Participating Versus Nonparticipating Physicians and Percent of Unassigned Allowed Charges By Specialty

Specialty	Participating Physicians/practitioners			Nonparticipating Physicians/practitioners					
	Percent of Total Allowed Charges		ercent Change 1992-1993	Assigned		Percent Change 1992-1993	Unassigned		Percent Change 1992-1993
				Percent of Total Allowed Charges			Percent of Total Allowed Charge		
	1992	1993		1992	1993		1992	1993	
All Specialties [1]	75.0 %	83.0 %	10.7 %	11.5 %	8.1 %	-29.8 %	13.5 %	8.9 %	-34.1 %
Physicians (MDs and DOs)	75.3	83.3	10.8	11.2	7.9	-29.5	13.8	8.8	-35.3
Family Practice	85.7	74.8	13.5	14.0	10.9	-22.1	20.3	14.5	-28.6
General Practice	73.5	79.5	8.2	12.7	10.9	-14.2	13.6	9.6	-30.4
Cardiology	80.3	87.9	9.5	9.7	8.1	-37.1	10.0	6.0	-40.0
Dermatology	74.9	82.2	9.7	8.9	5.7	-36.0	16.2	12.1	-25.3
Internal Medicine	87.0	75.9	13.3	14.3	10.8	-24.5	18.7	13.3	-28.9
Gastroenterology	79.8	88.8	8.8	10.0	8.4	-36.0	10.2	6.8	-33.3
Nephrology	88.0	89.2	3.7	9.2	7.3	-20.7	4.6	3.4	-29.2
Neurology	71.9	80.2	11.5	15.4	11.5	-25.3	12.7	8.3	-34.6
Obstetrics-Gynecology	87.8	74.9	10.5	13.8	11.7	-15.2	18.4	13.4	-27.2
Psychiatry	70.8	75.9	7.2	19.8	16.3	-17.7	9.4	7.9	-16.0
Pulmonary	78.0	88.8	11.0	12.2	7.8	-36.1	9.8	5.7	-41.8
Urology	89.3	80.8	16.6	11.4	7.3	-36.0	19.3	11.9	-38.3
Anesthesiology	85.6	80.7	22.6	14.1	8.8	-37.8	20.2	10.5	-48.0
Pathology	82.8	89.5	8.1	8.3	5.0	-39.8	8.9	5.5	-38.2
Radiology [2]	82.9	90.0	8.6	7.3	4.5	-38.4	9.8	5.4	-44.9
General Surgery	79.4	87.7	10.5	9.9	8.3	-36.4	10.6	8.0	-44.4
Neurosurgery	72.8	82.5	13.3	11.8	8.9	-24.8	15.3	8.8	-43.8
Ophthalmology	80.7	86.9	7.7	8.9	5.9	-33.7	10.4	7.2	-30.8
Orthopedic Surgery	73.4	85.3	16.2	10.7	8.3	-41.1	15.9	8.4	-47.2
Otolaryngology	69.8	78.9	13.4	12.5	8.9	-28.6	16.0	12.3	-31.7
Plastic Surgery	75.9	83.6	10.8	13.2	9.5	-28.0	11.0	8.8	-40.0
Thoracic Surgery	81.2	87.8	8.1	9.8	5.9	-31.4	10.1	6.3	-37.8
Clinic or Other Group Practice	78.9	87.2	10.5	9.8	8.6	-30.6	11.2	8.0	-48.4
All Other Physicians	77.9	84.0	7.8	12.2	8.7	-28.7	9.9	7.4	-25.3
Limited License Practitioners (LLPs)	72.7	77.0	5.9	11.2	9.1	-18.7	16.2	13.9	-14.2
Optometry	81.7	84.4	3.3	8.3	7.0	-15.7	10.0	8.6	-14.0
Chiropractic	43.2	46.2	6.9	12.0	11.3	-5.8	44.8	42.5	-5.1
Podiatry	79.9	84.7	6.0	11.3	8.7	-23.0	8.7	6.6	-24.1
Oral Surgery	46.3	56.9	22.9	23.0	20.2	-12.2	30.7	22.9	-25.4
Total Physicians (MDs, DOs and LLPs)	75.2	83.1	10.5	11.2	7.9	-29.5	13.8	9.0	-33.6
Nonphysician Practitioners [3]	46.3	64.0	32.5	35.5	23.0	-35.2	16.2	13.0	-19.6
Suppliers	72.0	85.2	18.3	25.3	12.7	-49.8	2.7	2.1	-22.2
Portable X-Ray Supplier (independent)	75.5	87.2	15.5	23.8	12.1	-48.7	0.9	0.7	-22.2
Independent Laboratory	71.0	84.8	19.4	25.1	10.9	-56.6	3.9	4.3	10.3
All Other Suppliers	70.8	84.2	19.3	28.7	14.4	-49.1	2.7	1.4	-48.1

[1] Includes physicians (doctors of medicine (MDs), doctors of osteopathy (DOs), and limited license practitioners) (LLPs) - (optometrists, chiropractors, podiatrists and oral surgeons). Also includes nonphysician practitioners and suppliers.
[2] Includes radiation therapy and nuclear medicine specialties.
[3] Includes audiologists, physical therapists, occupational therapists, and psychologists (billing HCPCS 90830). Excludes certified nurse-midwives, certified registered nurse anesthetists, nurse practitioners and clinical social workers.

Based on summary data from the 1993 National Claims History for physicians' services incurred and processed from January through December 1993.

SOURCE: Bureau of Data Management and Strategy

TABLE 6

Percent of Assigned Allowed Charges for Participating Versus Nonparticipating Physicians and Percent of Unassigned Allowed Charges, By Type of Service

Type of Service [2]	Participating Physicians/Practitioners [1]			Nonparticipating Physicians/Practitioners					
				Assigned Services			Unassigned		
	1992 Percent of Total Allowed Charges	1993 Percent of Total Allowed Charges	Percent Change 1992 - 1993	1992 Percent of Total Allowed Charges	1993 Percent of Total Allowed Charges	Percent Change 1992 - 1993	1992 Percent of Total Allowed Charges	1993 Percent of Total Allowed Charges	Percent Change 1992 - 1993
Anesthesia	66.0 %	80.8 %	22.4 %	14.2 %	8.9 %	-37.3 %	19.8 %	10.4 %	-47.5 %
Standard Imaging	78.4	86.8	10.7	9.1	5.8	-36.3	12.5	7.5	-40.0
Advanced Imaging	81.4	89.1	9.5	8.9	5.2	-41.6	9.6	5.7	-40.6
Echography	81.4	88.1	8.2	10.6	7.1	-33.0	7.9	4.8	-39.2
Imaging/Procedure	82.8	90.7	9.5	8.3	4.7	-43.4	8.9	4.6	-48.3
Office Visits	67.7	75.9	12.1	9.6	7.4	-22.9	22.7	16.6	-26.9
Hospital Visits	72.4	80.5	11.2	16.8	12.6	-25.0	10.8	6.9	-36.1
Emergency Department Care	89.5	92.9	3.8	8.2	6.0	-26.8	2.3	1.1	-52.2
Home/Nursing Home Visits	73.1	80.8	10.5	19.3	14.0	-27.5	7.6	5.2	-31.6
Specialist Visits	77.6	83.5	7.6	11.1	8.1	-27.0	11.3	8.4	-25.7
Consultations	75.0	83.1	10.8	13.2	9.4	-28.8	11.8	7.5	-36.4
Major Procedures General	73.1	83.4	14.1	11.6	7.8	-32.8	15.3	8.8	-42.5
Major Cardiovascular Procedures	81.3	89.0	9.5	9.0	5.6	-37.8	9.7	5.4	-44.3
Major Orthopedic Procedures	72.5	84.5	16.6	11.6	7.0	-39.7	15.9	8.5	-46.5
Eye Procedures - Surgery	81.3	87.5	7.6	9.9	6.5	-34.3	8.9	6.0	-32.6
Ambulatory Procedures	75.4	83.9	11.3	11.3	7.7	-31.9	13.3	8.4	-36.8
Minor Procedures	75.0	82.1	9.5	11.6	8.5	-26.7	13.5	9.5	-29.6
Oncology	81.0	88.7	9.5	8.9	5.6	-37.1	10.1	5.6	-44.6
Endoscopy	75.4	84.4	11.9	10.7	6.9	-35.5	13.9	8.7	-37.4
Dialysis	88.2	91.1	3.3	10.2	7.8	-23.5	1.6	1.1	-31.3
Lab Tests	79.1	88.0	11.3	15.3	8.9	-41.8	5.7	3.1	-45.6
Other Tests	74.4	82.2	10.5	13.2	9.2	-30.3	12.5	8.7	-30.4
Assistant at Surgery	72.5	83.0	14.5	14.1	9.7	-31.2	13.5	7.4	-45.2
Chiropractic	43.4	46.2	6.5	12.0	11.3	-5.8	44.7	42.5	-4.9
Total [3]	75.0	83.0	10.7	11.5	8.1	-29.6	13.5	8.9	-34.1

[1] Includes physicians (doctors of medicine (MDs), doctors of osteopathy (DOs), and limited license practitioners) (LLPs)- (optometrists, chiroprectors, podiatrists and oral surgeons). Also includes nonphysician practitioners and suppliers.

[2] All types of service except 'assistant at surgery' are based on procedure code groupings developed by the Urban Institute. Type of service 'assistant at surgery' based on HCFA type of service code.

[3] Includes data for not otherwise classified CPT codes and HCFA assigned codes.

Based on summery data from the 1993 National Claims History for physicians' services incurred and processed from January through December 1993

SOURCE: Bureau of Data Management and Strategy

TABLE 7

Medicare Percent of Participating Physicians, Practitioners and Suppliers

Specialty	Participation Percentage		Percent Change
	January 1, 1993	January 1, 1994	
Total Physicians (MDs, DOs and LLPs)	**62.0 %**	**66.7 %**	**7.6 %**
Medical Doctors (MDs) and Doctors of Osteopathy (DOs)	**67.3**	**71.9**	**6.8**
General Practice	55.1	59.1	7.2
General Surgery	73.9	77.1	4.3
Otolaryngology	66.2	72.2	9.0
Anesthesiology	64.6	71.5	10.6
Cardiology	78.7	82.5	4.6
Dermatology	69.8	75.8	8.5
Family Practice	66.1	71.3	7.9
Internal Medicine	66.4	71.3	7.4
Neurology	71.8	76.4	6.4
Obstetrics-Gynecology	65.7	69.9	6.5
Ophthalmology	73.2	78.3	7.0
Orthopedic Surgery	74.9	79.2	5.8
Pathology	73.3	76.8	4.6
Psychiatry	53.5	57.8	8.1
Radiology	74.7	78.5	5.1
Urology	71.8	78.6	9.5
Nephrology	82.4	84.3	2.3
Clinic or Other Group Practice	75.5	80.5	6.6
Gastroenterology	78.8	83.4	5.6
Pulmonary	78.7	83.5	6.1
Neurosurgery	72.1	76.9	6.6
Plastic Surgery	71.3	76.0	6.5
Thoracic Surgery	79.0	83.2	5.4
Rheumatology	68.0	73.8	8.5
Vascular Surgery	85.0	87.8	3.3
Cardiac Surgery	81.1	84.3	4.0
Hematology/Oncology	76.0	84.1	10.7
Radiation Oncology	81.8	84.9	3.6
Emergency Medicine	78.6	82.1	4.4
All Other Physicians	54.5	56.4	3.5
Limited License Practitioners (LLPs)	**38.6**	**42.6**	**10.9**
Chiropractic	35.8	39.8	11.6
Podiatry	70.9	75.3	6.2
Optometry	62.7	65.6	4.6
Oral Surgery	14.1	16.4	16.5
Nonphysician Practitioners	**44.0**	**51.7**	**17.5**
Certified Nurse-Midwife	51.0	58.7	15.1
Certified Registered Nurse Anesthetist	43.8	55.1	25.6
Physical Therapist (independent)	50.1	57.0	13.7
All Other Non-physician Practitioners	43.4	50.3	15.9
Total Physicians and Non-physician Practitioners	**59.8**	**64.8**	**8.4**

NOTE: The 1993 "Total MDs/DOs" and "All Other Physicians" figures on this table differ slightly from the 1993 figures provided in last year's report. This is due to our decision this year to exclude ambulatory surgical centers, public health and welfare agencies, and voluntary health or charitable agencies from the MD/DO/Physician category for this analysis.

SOURCE: Bureau of Program Operations, Contractor Reporting of Operational and Workload Data (CROWD) as of May 10, 1994

TABLE 8

1994 Physician/Practitioner Enrollment, By State

State	January 1,1993 Participation Percentage	January 1, 1994 Participation Percentage	Percent Change 1993-1994
National*	**59.8 %**	**64.8 %**	**8.4 %**
Alabama	85.1	87.2	2.5
Alaska	60.4	66.3	9.8
Arizona	76.2	82.6	8.4
Arkansas	62.1	64.9	4.5
California	65.9	69.0	4.7
Colorado	55.7	58.5	5.0
Connecticut	55.4	57.8	4.3
Delaware	57.4	60.0	4.5
District of Columbia	50.6	52.8	4.3
Florida	55.6	62.2	11.9
Georgia	74.9	82.7	10.4
Hawaii	75.9	80.4	5.9
Idaho	37.1	49.7	34.0
Illinois	57.6	61.8	7.3
Indiana	55.8	61.3	9.9
Iowa	61.8	63.2	2.3
Kansas	73.2	78.7	7.5
Kentucky	73.6	69.1	-6.4
Louisiana	44.0	46.7	6.1
Maine	52.0	53.6	3.1
Maryland	72.5	77.3	6.6
Massachusetts	50.2	48.9	-2.6
Michigan	58.1	62.1	6.9
Minnesota	44.4	51.3	15.5
Mississippi	53.4	53.8	0.7
Missouri	67.5	81.8	21.2
Montana	54.7	58.7	7.3
Nebraska	70.8	75.9	7.2
Nevada	84.9	87.9	3.5
New Hampshire	43.0	48.0	11.6
New Jersey	42.6	45.9	7.7
New Mexico	66.8	74.2	11.1
New York	40.7	46.2	13.5
North Carolina	72.8	76.5	5.1
North Dakota	55.0	77.4	40.7
Ohio	76.6	83.3	8.7
Oklahoma	53.9	64.9	20.4
Oregon	59.2	66.5	12.3
Pennsylvania	59.7	61.1	2.3
Rhode Island	80.9	82.2	1.6
South Carolina	67.3	70.2	4.3
South Dakota	31.6	41.2	30.4
Tennessee	70.5	76.9	9.1
Texas	61.3	68.6	11.9
Utah	80.3	82.0	2.1
Vermont	56.5	58.8	4.1
Virginia	52.2	52.9	1.3
Washington	64.7	73.9	14.2
West Virginia	75.9	81.9	7.9
Wisconsin	66.8	73.7	10.3
Wyoming	53.3	63.0	18.2

* Includes Puerto Rico and the Virgin Islands

SOURCE: Bureau of Program Operations, Contractor Reporting of Operational and Workload Data (CROWD), as of May 10, 1994

TABLE 9

Extra Billing Rates For Unassigned Allowed Charges By Nonparticipants, By State

State	1992 Ratio of Extra Billing [1] to Allowed Charges	1993 Ratio of Extra Billing [1] to Allowed Charges	Percent Change 1992 - 1993
Total [2]	22.8	16.7	-26.8 %
Alabama	22.2	15.2	-31.5
Alaska	28.0	19.0	-32.1
Arizona	21.8	15.6	-28.4
Arkansas	20.8	15.1	-27.4
California	24.6	18.5	-24.8
Colorado	22.0	16.2	-26.4
Connecticut	22.3	16.0	-28.3
Delaware	19.5	13.6	-30.3
District of Columbia	23.3	17.4	-25.3
Florida	21.0	15.1	-28.1
Georgia	23.2	16.8	-27.6
Hawaii	28.6	19.4	-32.2
Idaho	21.5	15.8	-26.5
Illinois	22.8	16.3	-28.5
Indiana	21.0	14.8	-29.5
Iowa	20.7	14.9	-28.0
Kansas	20.3	14.5	-28.6
Kentucky	20.9	14.5	-30.6
Louisiana	21.4	15.6	-27.1
Maine	21.1	15.1	-28.4
Maryland	21.9	15.6	-28.8
Massachusetts	19.5	12.1	-37.9
Michigan	21.3	14.3	-32.9
Minnesota	22.1	16.0	-27.6
Mississippi	25.4	16.6	-34.6
Missouri	21.5	15.2	-29.3
Montana	22.2	16.1	-27.5
Nebraska	21.2	15.0	-29.2
Nevada	24.1	17.4	-27.8
New Hampshire	21.8	15.2	-30.3
New Jersey	23.1	17.5	-24.2
New Mexico	22.7	15.6	-31.3
New York	27.3	20.7	-24.2
North Carolina	21.3	15.5	-27.2
North Dakota	22.4	16.7	-25.4
Ohio	22.2	11.4	-48.6
Oklahoma	22.1	15.6	-29.4
Oregon	22.3	16.3	-26.9
Pennsylvania	11.1	7.2	-35.1
Rhode Island	27.4	10.5	-61.7
South Carolina	21.5	14.6	-32.1
South Dakota	21.5	15.6	-27.4
Tennessee	21.5	15.1	-29.8
Texas	23.0	17.3	-24.8
Utah	22.9	17.2	-24.9
Vermont	19.4	13.1	-32.5
Virginia	22.0	14.9	-32.3
Washington	22.4	16.2	-27.7
West Virginia	22.8	14.9	-34.6
Wisconsin	21.2	15.5	-26.9
Wyoming	21.5	15.6	-27.4
Puerto Rico/Virgin Islands	19.7	13.2	-33.0

[1] Extra billing is the difference between the submitted charge and the allowed charge for unassigned claims. Excludes unassigned charges for denied services.

[2] Includes unassigned charges for Railroad Retirement Board

Based on summary data from the 1993 National Claims History for physicians' services incurred and processed from January through December 1993.

SOURCE: Bureau of Data Management and Strategy

TABLE 10

Extra Billing Rates For Unassigned Allowed Charges by Nonparticipants, By Specialty

Specialty	Ratio of Extra Billing [1] to Allowed Charges		Percent Change
	1992	1993	1992 - 1993
All Specialties [2]	22.8	16.7	-26.8 %
Physicians (MDs and DOs)	23.0	16.9	-26.5
Family Practice	20.1	14.7	-26.9
General Practice	20.0	14.6	-27.0
Cardiology	23.0	16.0	-30.4
Dermatology	19.9	14.7	-26.1
Internal Medicine	20.9	15.2	-27.3
Gastroenterology	22.1	16.1	-27.1
Nephrology	22.4	16.5	-26.3
Neurology	22.4	15.7	-29.9
Obstetrics-Gynecology	33.0	21.5	-34.8
Psychiatry	23.9	15.6	-34.7
Pulmonary	21.2	15.6	-26.4
Urology	23.8	17.4	-26.9
Anesthesiology	31.3	34.0	8.6
Pathology	22.4	15.9	-29.0
Radiology [3]	22.0	16.0	-27.3
General Surgery	26.9	20.1	-25.3
Neurosurgery	28.8	20.8	-27.8
Ophthalmology	20.7	15.3	-26.1
Orthopedic Surgery	25.1	18.8	-25.1
Otolaryngology	25.2	17.5	-30.6
Plastic Surgery	41.6	28.3	-32.0
Thoracic Surgery	27.0	18.1	-33.0
Clinic or other group practice	24.9	17.8	-28.5
All other physicians	22.1	15.7	-29.0
Limited License Practitioners (LLPs)	16.3	10.7	-34.4
Optometry	8.9	5.7	-36.0
Chiropractic	13.7	9.0	-34.3
Podiatry	17.8	12.0	-32.6
Oral Surgery	63.8	49.2	-22.9
Total Physicians (MDs, DOs and LLPs)	22.7	16.5	-27.3
Nonphysician Practitioners [4]	36.3	34.0	-6.3
Suppliers	32.5	29.6	-8.9
Portable X-Ray Supplier (Independent)	40.7	36.4	-10.6
Independent Laboratory	25.2	16.3	-35.3
All Other Suppliers	43.6	57.1	31.0

[1] Extra billing is the difference between the submitted charge and the allowed charge on unassigned claims. Excludes submitted charges for unassigned services that were denied.

[2] Includes physicians (doctors of medicine (MDs), doctors of osteopathy (DOs), and limited license practitioners (LLPs), nonphysician practitioners and suppliers.

[3] Includes radiation therapy and nuclear medicine specialities.

[4] Includes audiologists, physical therapists, occupational therapists, and psychologists (billing HCPCS 90830). Excludes certified nurse midwives, certified registered nurse anesthetists, nurse practitioners and clinical social workers.

Based on summary data from the 1993 National Claims History for physicians' services incurred and processed from January through December 1993.

SOURCE: Bureau of Data Management and Strategy

TABLE 11

Extra Billing Rates For Unassigned Allowed Charges By Nonparticpants, By Type of Service

Type of Service [2]	Ratio of Extra Billing [1] to Allowed Charges		Percent Change
	1992	1993	1992 - 1993
Anesthesia	31.9	34.8	9.1 %
Standard Imaging	21.6	16.1	-25.5
Advanced Imaging	22.0	16.5	-25.0
Echography	22.1	15.9	-28.1
Imaging/Procedure	29.8	19.8	-33.6
Office Visits	19.0	14.1	-25.8
Hospital Visits	21.1	15.5	-26.5
Emergency Department Care	23.8	16.9	-29.0
Home/Nursing Home Visits	19.4	13.3	-31.4
Specialist Visits	18.6	14.1	-24.2
Consultations	20.8	15.5	-25.5
Major Procedures General	28.7	20.9	-27.2
Major Cardiovascular Procedures	26.6	18.5	-30.5
Major Orthopedic Procedures	25.3	19.9	-21.3
Eye Procedures - Surgery	23.0	16.5	-28.3
Ambulatory Procedures	31.0	21.6	-30.3
Minor Procedures	25.1	18.1	-27.9
Oncology	23.1	16.2	-29.9
Endoscopy	24.0	17.7	-26.3
Dialysis	27.8	20.9	-24.8
Lab Tests	29.7	21.7	-26.9
Other Tests	26.7	18.0	-32.6
Assistant at Surgery	44.4	30.1	-32.2
Chiropractic	13.7	9.0	-34.3
Total [3]	22.8	16.7	-26.8

1 Extra billing is the difference between the submitted charge and the allowed charge on unassigned claims. Excludes submitted charges for denied services.

2 All types of service (TOS) except 'assistent at surgery' are based on procedure code groupings developed by the Urban Institute. See Appendix for additional TOS descriptions. Type of service 'assistant at surgery' based on HCFA type of service code.

3 Includes data for not otherwise classified CPT codes and HCFA assigned codes.

Based on summary data from the 1993 National Claims History for physicians' services incurred and processed from January through December 1993.

SOURCE: Bureau of Data Management and Strategy

TABLE 12

National Summary by Age, Race and Sex

Characteristics	Assigned Services for Participating and Non-participating Physicians/Practitioners			Unassigned Services Nonparticipating Physicians/Practitioners		
	Assignment Rate		Percent Change	Ratio of Extra Billing Charges to Total Allowed Charges		Percent Change
	1992	1993	1992 - 1993	1992	1993	1992 - 1993
All Persons	86.8 % *	91.3 % *	5.2 %	23.5 *	17.9 *	-23.8 %
Male	86.5	91.3	5.5	23.9	18.2	-23.8
Female	87.1	91.4	4.9	23.2	17.7	-23.7
White	85.7	90.6	5.7	23.4	17.8	-23.9
Black	96.8	97.8	1.2	24.4	18.9	-22.5
Other	86.4	91.2	5.8	25.5	18.9	-25.9
Unknown Race	92.2	94.9	2.9	25.2	19.1	-24.2
Aged (MSC 10)	85.9	90.7	5.6	23.3	17.7	-24.0
65 - 74 Years	85.1	90.2	6.0	23.7	17.8	-24.9
75 - 84 Years	86.1	90.8	5.5	23.0	17.5	-23.9
85 Years & over	88.3	92.1	4.3	22.9	18.0	-21.4
Disabled (MSC 20)	94.2	96.3	2.2	27.7	21.9	-20.9
Under 45 Years	96.6	97.7	1.1	30.9	23.9	-22.7
45 - 54 Years	94.9	96.8	1.8	29.0	22.4	-22.8
55 - 64 Years	92.8	95.3	2.9	26.4	21.0	-20.5
ESRD (MSC 11,21,31)	97.0	98.2	1.2	29.4	25.3	-13.9
Under 25 Years	98.9	99.3	0.4	38.7	28.6	-26.1
25 - 44 Years	98.1	98.9	0.8	33.1	27.7	-16.3
45 - 64 Years	97.4	98.5	1.1	32.2	28.2	-12.4
65 and over	96.2	97.6	1.5	27.3	23.5	-13.9

* Note: These totals differ slightly from data presented elsewhere in the report because they are derived from a different data collection.

Based on line item quarterly data from the National Claims History for physicians' services incurred and processed from January through December for 1992 and 1993.

SOURCE: Bureau of Data Management and Strategy

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